

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tuszynski, Mark H.
Title: METHODS FOR THERAPY OF
NEURODEGENERATIVE
DISEASE OF THE BRAIN

Prior Appl. No.: 09/620,174

Prior Appl. Filing Date: 07/19/2000

Examiner: Not Assigned

Art Unit: Not Assigned

CERTIFICATE OF EXPRESS MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.

EL796240145US October 26, 2001
(Express Mail Label Number) (Date of Deposit)

Germaine Sarda
(Printed Name)
Germaine Sarda
(Signature)

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☐ Continuation ☐ Division ☒ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (32 pages).
- ☒ Informal drawings (7 sheets, Figures 1-7).
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	12	- 20	= 0	x \$18.00	= \$0.00
Independents:	1	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration				+ \$130.00	= \$130.00
				SUBTOTAL:	= \$870.00
[X] Small Entity Fees Apply (subtract ½ of above):					= \$435.00
				TOTAL FILING FEE:	= \$435.00

- [X] A check in the amount of \$435.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,



Date 10-26-2001

By _____

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